Scouts Overnight Camping Authorization

Scout Information

Name of Scout
Unit/Troop Number
Age
7.90
Rank
Event Details
Camp/Event Name
Location
Location
D-4-(-)
Date(s)
Emergency Contact
Name of Parent/Guardian
Phone Number
Email
Medical Information
Relevant Medical Conditions/Allergies

Medications Needed

Authorization		
I authorize my child to attend the overn	ight camping event.	
Parent/Guardian Signature		
Date		